

**Eugenio Maria de Hostos Community College** Office of International Students School Code: NYC214F00812007

## **F-1 STUDENT** FORM

TO BE COMPLETED BY STUDENT:	TRANSFER RECOMMENDATION F
Last Name, First Name	
Date Of Birth//	ID#
I intend to transfer to Hostos Community College information requested below to be made available	for thesemester. I hereby grant permission for the to Hostos Community College/CUNY.
Student's Signature	Date//
TO BE COMPLETED BY THE DESIGNATE	D SCHOOL OFFICIAL:
	ostos Community College for the semester stated above. Please answer all ag the transfer or last semester preceding a vacation or authorized practical
1. Was the student registered for full-time course of	of study during the last semester? Yes No
Comments	
2. Is this student currently authorized to attend you	ur institution by USCIS? Yes No
Comments	
3. When was the last semester the student was enry	olled at your school? (semester and year or date)
4. Student SEVIS ID:	
5. Student's SEVIS Foreign Address	
6. What is the student's transfer release date enter	ed in SEVIS?//
7. Please list any periods of Practical training? C	urricular months Optional months
8. Do you recommend the SCHOOL TRANS	SFER OR REINSTATEMENT procedure? (CHECK ONE)
If reinstatement, please explain	
NOTE: Hostos is listed in SEVIS as, The City U	University of New York: Eugenio Maria de Hostos Community College
Official's Name	Title
Institution	Telephone #
Address	
Signature	Date